

NOV 17 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County GassonvilleRegistration District No. 303

Township

Primary Registration District No. 4182City German

(No. _____)

2. FULL NAME

Phillip Meyer

(a) Residence, No. _____

St. _____

Ward. _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

1. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Meyer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 25-1861</u>		
7. AGE YEARS <u>76</u>	MONTHS <u>4</u>	DAYS <u>1</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>James</u>		
10. Date deceased last worked at this occupation (month and year) _____		
11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Berger Mo</u>		
13. NAME <u>John Meyer</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT (ADDRESS) <u>Frank Claus</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>German</u> DATE <u>Oct. 29-37</u>		
19. UNDERTAKER (ADDRESS) <u>Ruediger</u>		
20. FILED <u>10-28-37</u> <u>Anna K. Ruckhoff</u> Registrar		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Oct. 26</u> , 19 <u>37</u>
22. I HEREBY CERTIFY That I attended deceased from <u>Aug 12</u> , 19 <u>36</u> , to <u>Oct 26</u> , 19 <u>37</u> I last saw him alive on <u>Oct 24</u> , 19 <u>37</u> . Death is said to have occurred on the date stated above, at <u>1:30 a.m.</u> The principal cause of death and related causes of importance were as follows: <u>Carcinoma of Esophagus</u> <u>flexure</u>
Date of onset _____
Other contributory causes of importance: <u>46</u>
Name of operation _____ Date of _____
What test confirmed diagnosis? <u>Phys.</u> Was there an autopsy? <u>No</u>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____ (Signed) <u>J. H. Laughlin</u> , M. D. (Address) <u>German Mo</u>

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of cause of death is very important.

